PART B - FEE(S) TRANSMITTAL ____

EXPRESS MAIL LABEL NO. EV 956 456 436 US

Complete and send this form together with applicable fee(s), to: Mail Mail Stop ISS OF FEE SEP 0 7 2007 &

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

NSTRUCTIONS: The appropriate. All further adjusted unless corrected anitenance fee notificated to the control of the control o	d below or directed of ions.	for transmitting the ISSU ng the Patent, advance on herwise in Block 1, by (a	UE FEE and PUBLICAT rders and notification of a specifying a new corres	ON FEE (if required naintenance fees will spondence address; an). Blocks 1 through 5 be mailed to the curren d/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for			
		lock I for any change of address)	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
959 LAHIVE & CC ONE POST OFF BOSTON, MA 0 9/10/2007 RFEBRHH 1	I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
1 FC:1501 140	0.00 DA					(Depositor's name)			
2 FC:1504 30	0.00 DA 2.00 DA			(Signature)					
3 FC:0001 . II				1)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A1	TTORNEY DOCKET NO.	ET NO. CONFIRMATION NO.			
10/723,622	11/25/2003		Masanori Hayashi		SIW-072	1078			
TITLE OF INVENTION:	START-UP METHOI	FOR FUEL CELL							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	EE TOTAL FEE(S) DUE	E DATE DUE			
nonprovisional	NO	\$1400	\$300	\$0 \$1700		09/10/2007			
EXAM	INER	ART UNIT	CLASS-SUBCLASS	1	,	14			
CREPEAU, J		1745	429-013000						
			2. For printing on the patent front page, list						
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)	· · · · · · · · · · · · · · · · · · ·				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NO	data will appear on the port of a substitute for filing an	atent. If an assignee i	is identified below, the o	document has been filed for			
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY						
HONDA MOTOR	CO., LTD.		Tokyo, Japan						
lease check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🙀 Corpo	ration or other private gr	oup entity Government			
a. The following fee(s) a	re submitted:	41	b. Payment of Fee(s): (Ples	se first reapply any p	oreviously paid issue fee	shown above)			
				dit card. Form PTO-2038 is attached.					
Advance Order - #	of Copies4	<u>n</u>	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form).						
_ ` .	us (from status indicates SMALL ENTITY state	,	☐ b. Applicant is no lon			CFR 1.27(g)(2).			
NOTE: The Issue Fee and	Publication Fee (if req	uired) will not be accepte				the assignee or other party in			
Authorized Signature	Juthn	Jenne lun			ptember 7, 200				
Typed or printed name Anthony A. Laurentane				Registration No. 38,220					
This collection of information application. Confident ubmitting the completed	ation is required by 37 Ciality is governed by 35 application form to the	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO, Time will vary	on is required to obtain or in 1.14. This collection is estable to depending upon the individual of th	etain a benefit by the primated to take 12 min idual case. Any comm	public which is to file (an utes to complete, includi- ments on the amount of to	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete			

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

Application Number 10/723,622-Conf. #1078 Filing Date November 25, 2003 First Named Inventor Masanori HAYASHI Art Unit 1745 **Examiner Name** J. Crepeau

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Attorney Docket Number SIW-072

ENCLOSURES (Check all that apply)							
X Fee Transn	nittal Form	Drawing(s)	After Allowance Communication to TC				
Fee A	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply		Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After	Final	Petition to Convert to a Provisional Application	Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Ad	Status Letter Other Enclosure(s) (please Identify below):				
Extension of Time Request		Terminal Disclaimer					
Express Abandonment Request		Request for Refund		Issue Fee Transmittal Form PTOL- 85 PartB			
Information Disclosure Statement		CD, Number of CD(s)		Return Receipt Postcard			
Certified Copy of Priority Document(s)		Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application		Remarks					
Reply to Missing Parts under 37 CFR 1.52 or 1.53							
th.							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	LAHIVE & COCKFIELD, LLP						
Signature	Signature Andhrus assertium						
Printed name							
Date	September 7, 2007	R	38,220				

PTO/SB/17 (06-07)
Approved for use through 06/30/2007. OMB 0651-0032

Under the Pape	erwork Reduction Act of	1995, no person are requ	ired to re	u.S. Patent spond to a collection	and Tradema of information	ark Office; U.S. DEI on unless it displays	s a valid OMB c	ontrol number	
Fees aursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				o respond to a collection of information unless it displays a valid OMB control number Complete if Known					
				Application Number 10		10/723,622-Conf. #1078			
				Filing Date No		November 25, 2003			
				First Named Inventor M		Masanori HAYASHI			
				Examiner Name J.		J. Crepeau			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1	1745			
TOTAL AMOUN	T OF PAYMENT	(\$) 1,712.00		Attorney Docket I	No.	SIW-072	·		
METHOD OF I	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	None	Other (please ident	ify):			
x Deposit Acc	ount Deposit Account I	Number: 12-0080 Dep	osit Acco	unt Name:	Lat	ive & Cockfie	ld, LLP		
For the a	bove-identified depo	osit account, the Dire	ctor is	nereby authorize	d to: (chec	k all that apply)			
X Cha	arge fee(s) indicated	d below		Charge	e fee(s) ind	icated below, e	xcept for th	e filing fee	
∵ Chi	arge any additional f	fee(s) or underpayme	ents of	Credit	any overpa	vments			
	(s) under 37 CFR 1	.16 and 1.17			ay 010.pc	.,			
FEE CALCUL									
1. BASIC FILING		XAMINATION FEES LING FEES		RCH FEES	EYAMIN	ATION FEES			
		Small Entity		Small Entity		Small Entity			
Application Type			ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLA Fee Description	IM FEES						Fee (\$)	Small Entity Fee (\$)	
	20 (including Reiss	sues)					50	25	
	t claim over 3 (incl	•					200	100	
Multiple depende	ent claims						360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Pa	Paid (\$) Multiple Dependent Claims					
		x =			<u>Fe</u>	<u>(\$)</u> <u>Fee Paid (\$)</u>		ì	
	er of total claims paid for							_	
<u>Indep. Claims</u>	Extra Claims	<u>Fee (\$)</u> x =	Fee Pa	aid (\$)					
	3 – – – – – – – – – – – – – – – – – – –	paid for, if greater than 3	1						
3. APPLICATION	•	paid 101, it globator than o	•						
		xceed 100 sheets of	paper (excluding electro	onically fil	ed sequence or	computer		
listings unde	er 37 CFR 1.52(e)),	the application size	fee due	is \$250 (\$125 f				ı	
		35 U.S.C. 41(a)(1)(G	•	, ,					
Total Sheets	· · · · · · · · · · · · · · · · · · ·	_		ditional 50 or frac			<u>Fee P</u>	Paid (\$)	
		/50 =		(round up to a who	le number)	×	=		
4. OTHER FEE(S	•	0 for (no small smale					<u>Fees I</u>	<u>Paid (\$)</u>	
Other (e.g. le	to films surcharse)	0 fee (no small entity . 1501 Utility issue	y disco e fee	uiit <i>)</i>			1.40	00.00	
Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or norm						mal		0.00	
	·	8001 Printed cop	y of p	atent w/o color			12	2.00	
SUBMITTED BY	111					-			
Signature	fullow	1 penter		Registration No. (Attorney/Agent)	38,220	Telephone	(617) 994	I-0753	
Name (Print/Type)	Anthony A. Laure			<u></u>		Date	September	7, 2007	
						1	•	-	
	\mathcal{U}	•							